

Name of Foster Parents (s): Rivera, Gerald and Violeta

Date of Inspection: December 27, 2019

**Department of Health
Developmental Disabilities Division
Adult Foster Home Corrective Action Report**

☐ No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Caregiver to request a copy of the ISP within 2 months of the meeting being completed and keep it easily accessible in the chart. Caregiver to obtain a copy of the current ISP and send a copy of the Services and Emergency Planning pages to the Certification Unit for verification. Correction due: <u>January 27, 2020</u>	Received 2/20/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver to obtain signed and dated Diet Order from the Primary Care Physician and submit a copy to the Certification Unit for verification. Correction due: <u>January 27, 2020</u>	Verified 1/24/20
(b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Caregiver to complete the Record of Visits, capturing visits as noted in the Caregiver's notes and send a copy to the Certification Unit for verification. Correction due: <u>January 27, 2020</u>	Verified 1/24/20
§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Caregiver to obtain a copy of the Emergency Planning page contained within the ISP and send a copy to the Certification Unit for verification. Correction due: <u>January 27, 2020</u>	Verified 1/31/20